

Office of Professional Licensure & Certification
New Hampshire Board of Nursing
121 S. Fruit Street
Concord, NH 03301
Webpage: <http://www.state.nh.us/nursing>
E-Mail: boardquestions@nursing.state.nh.us
FAX: 603-271-6605

Nursing 603-271-2323

TDD Access: Relay NH 1-800-735-2964

Nurse Asst. 603-271-6282

Application for NURSING ASSISTANT License Renewal

License # _____

Name: _____

SSN # _____

ADDRESS: _____

1. ☐ YES I have completed and attached the Nursing Assistant Application for License Renewal
(Note: You must answer **ALL** questions, and **SIGN**, and **DATE** the form. Failure to do so will result in the application being returned to you and a delay in your license renewal. It could also result in a lapse in your licensure.)

2. ☐ YES I have attached a check or money order for the correct renewal fee **payable to:**
Treasurer, State of New Hampshire in the amount of \$25.00. **(NON-REFUNDABLE)**

Please note: All documents must be received in the Board office before your birthday in order for your license to be renewed.

The renewal process cannot be completed until your application (completely and accurately filled out) and appropriate fees have been received and reviewed.

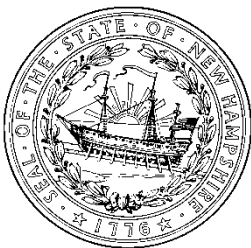
The Verification Center on the New Hampshire Board of Nursing website will be updated as soon as your license has been renewed. Please check the Board of Nursing website at the web address noted above.

Print Name:

Signature:

Date:

Application/licensing process not completed within 120 days will be purged
New Hampshire has a mandatory licensing law; no one shall practice as a licensed nursing-assistant (LNA)
in New Hampshire without a current New Hampshire license.



**STATE OF NEW HAMPSHIRE
NEW HAMPSHIRE BOARD OF NURSING**

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Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

For Office Use Only
Fee: _____
Rec'd: _____
Ck/mo#: _____

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Nurse Asst. 603-271-6282

Application for NURSING ASSISTANT License Renewal

License # _____

Name: _____

SSN # _____

ADDRESS: _____

If you are not renewing on line, please complete & submit this application with correct fee.
ALL INFORMATION MUST BE PROVIDED OR YOUR APPLICATION WILL BE RETURNED

Current Employer:		Phone Number of Current Employer: () -	
Address of Current Employer:		Check here if you are not currently employed as a Nursing Assistant: <input type="checkbox"/>	
<p>I have provided a minimum of 200 hours of nursing related activities under the supervision of a licensed nurse within the 2 years immediately prior to this application:</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>OR</p> <p>I have successfully completed Written and Clinical Competency Testing within the 2 years immediately prior to this application:</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>		<p>I have completed 12 contact hours of continuing education <u>for each year</u> (a total of 24 hours) prior to this application:</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>OR</p> <p>I have successfully completed Written and Clinical Competency Testing within the 2 years immediately prior to this application:</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
Name and phone number of Facility where I provided nursing-related activities under the supervision of a licensed nurse:		<u>First and Last Name</u> of the Licensed Nurse who provided supervision - REQUIRED :	

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1. Have you ever received disciplinary action against any nursing assistant license, certification or nursing license, in any state or jurisdiction including reprimand, probation, suspension, revocation, educational or practice stipulations, fines or voluntary surrender that has not been annulled? *YES ☐ NO ☐
2. Have you previously or currently been impaired by or diverted any chemical substances that impaired your ability to practice as a nursing assistant? *YES ☐ NO ☐
3. Have you ever been convicted of a felony **or any criminal act**, not including traffic offenses? *YES ☐ NO ☐
(Note: Driving While Intoxicated and Driving Under the Influence are not "traffic violations.")
4. Do you have a mental or physical problem that makes you incompetent to provide nursing-related activities? *YES ☐ NO ☐

***If you answered YES to questions 1 - 4, you must attach a letter of explanation.**

Do you want your name and address on a list of nurses that may be made available for purchase. YES ☐ NO ☐

Do you want your name and address on a list that may be made available for individuals conducting health care research? YES ☐ NO ☐

UNDER PENALTY OF LAW, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:37 and may be grounds for conviction of a misdemeanor (RSA 641:3).

FEE: LNA RENEWAL: \$25.00

MAKE CHECK PAYABLE TO: TREASURER, STATE OF NEW HAMPSHIRE (NON REFUNDABLE)

Full signature:

PHONE NUMBER #

Date of Application:

D.O.B.

Change of mailing address or name (if applicable):

Please provide your E-mail address:

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